

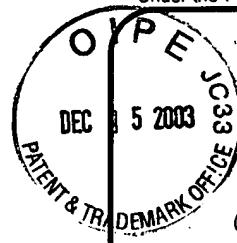
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37649
PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/776,523
Filing Date	02/02/2001
First Named Inventor	Brad Freeman
Group Art Unit	3764
Examiner Name	Huong Q. Pham
Attorney Docket Number	ASTRX-010A

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> -Cert. of Mailing
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> -Return Receipt Post Card
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> -Check for Independent Claim (\$43.00)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	In H. Kim STETINA BRUNDA GARRED & BRUCKER
Signature	
Date	12-11-03

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Typed or printed name	Janna Pitts
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	09/776,523
Filing Date	02/02/2001
First Named Inventor	Brad Freeman
Examiner Name	Huong Q. Pham
Art Unit	3764
Attorney Docket No.	ASTRX-010A

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
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Deposit Account Number	19-4330
Deposit Account Name	STETINA BRUNDA

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
19	7		-20** =		
				X	
				=	
			- 3** =		
				X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		43.00

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description
1051 130	2051 65	Surcharge - late filing fee or oath		
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet		
1053 130	1053 130	Non-English specification		
1812 2,520	1812 2,520	For filing a request for ex parte reexamination		
1804 920	1804 920*	Requesting publication of SIR prior to Examiner action		
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action		
1251 110	2251 55	Extension for reply within first month		
1252 420	2252 210	Extension for reply within second month		
1253 950	2253 475	Extension for reply within third month		
1254 1,480	2254 740	Extension for reply within fourth month		
1255 2,010	2255 1,005	Extension for reply within fifth month		
1401 330	2401 165	Notice of Appeal		
1402 330	2402 165	Filing brief in support of an appeal		
1403 290	2403 145	Request for oral hearing		
1451 1,510	1451 1,510	Petition to institute a public use proceeding		
1452 110	2452 55	Petition to revive - unavoidable		
1453 1,330	2453 665	Petition to revive - unintentional		
1501 1,330	2501 665	Utility issue fee (or reissue)		
1502 480	2502 240	Design issue fee		
1503 640	2503 320	Plant issue fee		
1460 130	1460 130	Petitions to the Commissioner		
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)		
1806 180	1806 180	Submission of Information Disclosure Stmt		
8021 40	8021 40	Recording each patent assignment per property (times number of properties)		
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))		
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))		
1801 770	2801 385	Request for Continued Examination (RCE)		
1802 900	1802 900	Request for expedited examination of a design application		

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

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SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	In H. Kim	Registration No. (Attorney/Agent)	44,184	Telephone	(949) 855-1246
Signature				Date	12/10/2003

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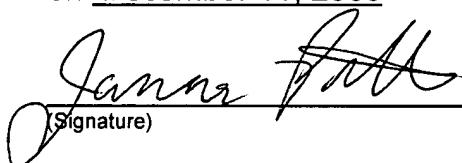
ATTORNEY DOCKET NO: ASTRX-001A
TITLE: ANATOMIC JOINT BRACE WITH ADJUSTABLE JOINT EXTENSION
LIMITER

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